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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Namibia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4.5 million, of which $3 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Namibia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Planning Commission

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $4.5 million, of which $3 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Namibia in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on a UNFPA needs assessment and pre-programming mission (April 1990), as well as various sectoral missions and reports, including health, nutrition, children, women and education situation analysis reports undertaken by the United Nations Children's Fund (UNICEF) (1989-1991), basic studies carried out by UNDP, a joint UNFPA and United Nations Women's Development Fund (UNIFEM) mission (September 1990), as well as other UNFPA reviews. Major population concerns identified by these reviews included: high rates of adolescent and overall fertility; high infant and maternal mortality rates; a significant lack of family planning awareness and practice plus an inadequacy of human resource skills across all sectors for the delivery of family planning services and/or counselling; a complete lack of reliable data on population dynamics; inadequate opportunities for women and youth; and the non-integration of population variables into development planning.

3. The proposed programme aims in the long term to contribute to a greater appreciation of the inter-relationships between population and development, including environmental and gender concerns. It further aims to strengthen national capacity to formulate, implement, manage and monitor population policies, programmes and projects. The programme's immediate objectives would be: (a) to facilitate the collection and analysis of data to provide a benchmark for further work in population and development planning; (b) to contribute to the creation of awareness on population issues; (c) to facilitate the slowing of population growth rates, currently estimated at over 3.0 per cent a year; (d) to contribute to the reduction of infant and maternal mortality rates; (e) to increase contraceptive prevalence, and contribute to a reduction in teenage pregnancies; (f) to facilitate the integration of population variables into socio-economic planning.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect of human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and the means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. United Nations population projections and estimates of demographic data are under review pending further analysis of the 1991 population census, hence the absence of a demographic fact sheet in this programme summary. According to provisional census results approved by the Government in December 1991, Namibia's population has nearly doubled from an estimated 737,497 in 1970 to the current 1,401,711 people. Between 1981 and 1991 the population grew at the rate of 3.0 per cent a year. Although data on key demographic variables are not expected to be available until the end of 1992, the majority of the population is afflicted with high infant and general mortality rates and exhibits high fertility rates. While

Namibia has a relatively low average population density of only 1.7 persons per square kilometre, ranging from 9 persons per square kilometre in the north to 0.13 persons per square kilometre in the southern region. Forty-five per cent of the population is under 18 years of age while the 3.0 per cent annual growth rate puts increasing strain on scarce resources, including present and future provision of education, social services and employment creation.

6. Namibia was officially born as a nation on 21 March 1990 after the successful implementation of United Nations General Assembly resolution 435. Namibia has a land area amounting to 823,144 square kilometres and shares boundaries with Angola and Zambia to the north and South Africa and Botswana to the south and east. One of the oldest deserts in the world, the Namib, covers 15 per cent of the total land area. A central plateau consisting of open plains, valleys, rocky ridges and mountains covers about half of the territory. The population comprises one dominant cultural group -- the Ovambo, plus 10 numerically smaller groups -- the Kavango, Herero, Damara, White, Nama, Coloured, Caprivian, Bushman, Rehoboth Baster and Tswana. Projections based on an earlier census in 1981 gave an estimate of the population composition as being approximately 88 per cent black, 5 per cent white and 7 per cent of mixed or other races. The central factor shaping life in Namibia is aridity, with annual rainfall varying from about 100 mm in the south to about 650 mm in the north and north-east. Accordingly, the vegetation regions associated with these climatic patterns -- desert, savanna, and woodlands -- have influenced population distribution patterns.

7. With a per capita income of $1,188 in 1989, Namibia is classified as a middle-income country and as such is considered one of the richest in sub-Saharan Africa. However, a highly skewed income distribution is concealed behind the apparent wealth. In 1988, 5 per cent of Namibia's population accounted for more than 70 per cent of the gross domestic product (GDP), with a per capita income of $14,560; 40 per cent of the population received 25 per cent of GDP with per capita income of $663; and the remaining 55 per cent of the population received less than 5 per cent of GDP with a per capita income of $63. More than two-thirds of the population lives in rural areas in what can be described as absolute poverty. While the urban white population enjoys a housing standard and the use of public utilities and services comparable to those in the highly industrialized countries, the majority of the urban black population lives in townships in semi- or unfinished houses built to minimal standards. Even so, differentials between urban and rural income and employment opportunities, plus the possibility of access to better housing and improved public utilities services, including electricity, water and sanitation, provide a strong incentive for rural to urban migration.

8. With health spending accounting for 4.5 per cent of GDP, one doctor per 5,000 people and 5.6 hospital beds per 1,000 people, the health care system in Namibia should be comparable with those of middle-income countries and better than those of other sub-Saharan African countries. The public sector health service is subsidized by the state for all Namibians, the poor paying only a user fee of approximately $0.90 for services, inclusive of hospitalization and medicines. However, high infant and maternal mortality rates, malnutrition, and deaths caused by easily preventable diseases demonstrate that the previous administration's emphasis on curative rather than preventive health care did not embrace the entire population. The health system consists of 46 regional and district hospitals, 196 static clinics and health centres and 839 outreach clinics. Two main hospitals, one in Windhoek and one in Oshakati (the main town in the densely populated north), serve as the country's referral centres for cases from the regional and district levels and can perform fairly sophisticated curative services. These two hospitals account for 37 per cent of total health spending, compared to the 47 per cent assigned for community health services. Over half of all Namibia's professional nurses are based in these two hospitals which serve one third of all patients. Four regional hospitals, serving as referral centres for the district hospitals, provide a wide range of services including curative, preventive, promotive and rehabilitative services. They are also used as centres for in-service training. District hospitals

provide similar services, in addition to supervising clinics and health centres within their catchment areas and outreach services. Clinics and health centres provide primary health care (PHC) services through more than 800 outreach points.

9. Despite the progress made to increase immunization coverage during the last 18 months, other elements of MCH/FP services have not fared well. Access to pre-natal, obstetric, and post-natal care as well as family planning is generally poor, especially in the north-east and north-west regions which account for about 60 per cent of the population. These two regions have 127 health facilities including hospitals, of which 40 (31 per cent) provide pre-natal care, and 38 (30 per cent) provide delivery care. In actual fact, the bulk of pre-natal and delivery services are carried out in hospitals. The south and central regions are relatively better off with 115 health facilities, of which 96 (83 per cent) provide pre-natal and delivery care. As in the north, delivery services are mainly provided by hospitals, with clinics and health centres conducting emergency deliveries only. Furthermore, the quality of maternal care is far from satisfactory. Family planning services are virtually non-existent in all regions, yet 69 per cent of the facilities in the north and 90 per cent of those in the south have the potential to offer them once the UNFPA proposed inputs and those of donors are made available. Major constraints contributing to poor access and/or poor quality of MCH/FP services include shortage of trained staff, lack of essential MCH/FP equipment and supplies especially in the clinics and health centres, lack of IEC materials, inadequate transport and communication facilities and the vast distances between communities and health facilities.

10. The lack of education among the majority of the population is a key determinant of the capacities of Namibia's population in many areas, as well as being critical to any population programme. Thus, restructuring the education and training system is a government priority. Total enrolment in the nation's 1,153 educational establishments is 374,269 students (1988), 98 per cent of whom are in primary and secondary education. Drop-out rates are high. Of the 12,525 teachers in 1988, only 12 per cent were qualified, having the equivalent of four years of tertiary education. A total of 4,633 students were enrolled in tertiary institutions in 1988. Estimates of illiteracy range between 50 per cent to 70 per cent of the total population and 65 per cent for adults (1988).

11. Over 50 per cent of the estimated 670,000-strong Namibian labour force is in the relatively fertile northern areas where industrial development has been negligible. Only a minor proportion is employed in the formal wage-earning sector. The remainder is engaged in private domestic service, on commercial farms, in subsistence agriculture, and in other non-formal economic activities. Conditions of employment in most sectors of the economy fall short of standards laid down in ILO conventions and recommendations but a new labour code is expected to be approved by the National Assembly in 1992. Underemployment is widespread in the traditional economy and in the urban informal sector. Apart from high unemployment and widespread underemployment among blacks in the labour force, there exists a conspicuous absence of blacks in skilled and professional jobs. Also, gender inequality has long been a feature, with women mainly locked into unskilled low-wage jobs, as well as being disproportionately affected by unemployment and underemployment in demanding but essentially low productivity work. Women are also victims of unequal access to wage employment in the formal sector.

12. It is against this background of extreme economic dualism and wide income disparities as well as the segmentation of labour along racial lines that the Government plans to elaborate its population programme and/or policy. The Government's economic and social strategy has been put forward in a document entitled "General Policy Statement of the Namibian Government" which provides for a mixed economy and seeks to promote policies aimed at: (a) ensuring that every citizen has access to public facilities and services; (b)

raising and maintaining the level of nutrition and public health, and the standard of living of the Namibian people; (c) ensuring equality of opportunity for women; and (d) protecting and maintaining the ecosystems and natural resources.

13. To attain these objectives, the Government has identified four priority sectors: (a) agriculture and rural development, on which the livelihood of the majority of the people depends; (b) education and training, to give an opportunity to all Namibians to participate fully in the development process; (c) health care (including potable water) for the neglected majority of the population; and (d) housing, especially for the less advantaged.

14. Reflecting its awareness of the importance of development planning, and its relationship to population factors, and of the need to coordinate aid, the Government has established a National Planning Commission. Located in the President's Office, it oversees, inter alia, statistics, including those relating to population.

15. To carry out its functions which are to be regulated by Act of Parliament, the Commission is engaged in the preparation of a National Planning Act and a Transitional National Development Plan (NDP) for the years 1991-1993. Basic NDP goals are: (a) to reactivate economic growth; (b) to create employment; (c) to reduce inequity in distribution of income; and (d) to alleviate poverty.

16. The Government does not, as yet, have an explicit population policy. However, it has expressed concern over population-related issues, especially with regard to population distribution, mortality and the question of linkages between rapid population growth, the provision of basic needs, and socio-economic development. The Government has manifested its concern for population issues in several ways, including its adoption of a primary health care approach, its statements at a UNFPA-organized national workshop on population and development, and more recently, the convening of a national Safe Motherhood Conference, also with UNFPA's help. In collaboration with UNICEF, the Government has completed its National Plan of Action for Children and embarked on human development initiatives with UNDP. The proposed UNFPA programme of assistance should be viewed, therefore, against this background.

III. REVIEW OF UNFPA AND OTHER DONOR ASSISTANCE TO DATE

17. The UNFPA office in Namibia was established in October 1990. Assistance in the 21 months since has been provided for pre-programme activities designed to support Namibia's 1991 Population and Housing Census to help the Ministry of Health establish a Maternal and Child Health and Family Planning Section within the Division of Family and Community Health in the Primary Health Care Directorate. The Fund also fielded missions to formulate activities in the various sectors (e.g., women, population and development; information, education and communication (IEC); and population dynamics and population policy formulation) and commissioned a knowledge, attitudes and practice (KAP) study to review current contraception awareness and practice. This includes a review of pre-Independence family planning practices. UNFPA also helped support two historic events mentioned earlier -- the first national workshop on population and development and the first Safe Motherhood Conference (co-sponsored by UNICEF).

Maternal and child health and family planning

18. Approved in an amount of $677,500 through 1992, technical assistance and training activities in the area of MCH/FP began in April 1991 and are progressing according to schedule. Four persons have so far

been trained in providing family planning services, and one is undertaking a long-term course in health education.

Data collection and analysis

19. A comprehensive $1.6 million census project was launched in mid-November 1990 with $1.5 million being provided by the Government of Finland. Although delays were experienced, especially with government provision of counterpart personnel and of adequate office facilities for the statistical and census work, the census enumeration has been completed, including a post-enumeration survey. Data processing is under way, and the provisional results giving the total population by region and sex were approved by the Government in December 1991. Once processed and analysed, this will provide the Government and other users for the first time with accurate and reliable information on the country's population and social conditions.

Population policy formulation and dynamics

20. Efforts in these areas have helped fund relevant operational research to enhance programme development, especially the process of population policy formulation and the provision of family planning services, as well as participation by senior policy staff at international population meetings. Preliminary findings of the KAP study reflect existing perceptions and attitudes towards contraceptive methods and family planning resources and indicate that many misunderstandings and misconceptions are attributable to the quality of communications between health care providers and clients. The study also found that factors such as a lack of contraceptive methods choice and the unavailability of health staff to provide advice and counselling in family planning have contributed to low compliance, acceptability and poor continuation rates in addition to adverse publicity in the community. These results constitute an invaluable information base for the design of the MCH/FP programme.

Other external assistance

21. No systematic recording of development assistance to Namibia was undertaken prior to Independence on 21 March 1990. The total value of development assistance disbursed in Namibia in 1990 as reported to UNDP amounted to approximately $68 million. Humanitarian aid and relief accounted for 28 per cent and 11 per cent of the total, respectively. Although reported development assistance approximated 4 per cent of GDP and 9 per cent of government revenue in 1990, it is quite difficult to isolate the share specifically related to population objectives. In view of the Government's decision to exhaust all sources providing assistance on a grant basis before engaging in borrowing schemes, all 1990 disbursements were grants.

22. United Nations agencies providing assistance considered as having a primary or secondary influence on the population sector per se include: (a) UNICEF assistance to women and children (UNICEF contributed over $9.5 million between 1989 and 1991 and plans to add $30 million during the UNFPA programme period); (b) UNDP-assisted initial baseline studies as well as programmes in education, social development, human resources development and health; (c) the World Food Programme (WFP) and FAO involvement in humanitarian aid and relief efforts, totalling approximately $2 million; (d) WHO, in providing technical assistance to the Ministry of Health and Social Services.

23. Bilateral donors providing support for population and related activities include: (a) Sweden for human resource development in addition to direct budgetary support; (b) Cuba, Denmark, Finland, France, Germany, Norway, Switzerland and the United Kingdom of Great Britain and Northern Ireland in the field of human

resource development; (c) Belgium, Finland, Germany and the United Kingdom for social development; (d) Canada and Finland for the health sector; and (e) the United States of America, for the education sector.

24. Other organizations and NGOs also extend support to the above sectors, notably the Commonwealth Fund for Technical Co-operation and the European Economic Community, which between them have contributed over $22 million. It should be borne in mind that out of total development assistance approximately 40 per cent was assigned to humanitarian aid and relief, 25 per cent to human resources development and only about 3 per cent to social development and health. Thus, UNFPA is the only agency or donor whose resources are going towards population activities as such.

IV. PROPOSED PROGRAMME 1992-1996

25. As indicated in section 1, the proposed programme has been based on a pre-programming mission as well as a variety of sectoral missions. The proposed programme seeks to attain the following objectives: (a) to increase awareness, community participation, political commitment and understanding at all levels of population issues, including environmental and gender concerns and AIDS; (b) to increase the availability, accessibility and acceptability of quality maternal and child health services, including family planning; (c) to heighten the understanding of the relationships between the advancement of women, sustainable development and population; (d) to enhance the availability and utilization of accurate and reliable demographic and socio-economic data; and (e) to coordinate all population activities, including policy-level measures. In order to attain these objectives, UNFPA will work closely with the Government and its partner United Nations agencies to develop the necessary institutional mechanisms for ensuring collaboration among all parties and donors active in the population field in Namibia.

26. In order to achieve these objectives, UNFPA would adopt a strategy that emphasizes the integration of family planning services into the primary health care service points and the expansion of the number of these services points. The effectiveness of MCH/FP activities would be enhanced by the development of human resources and by efforts to increase the contraceptive continuance rate by improving the mix of contraceptives available and the quality of MCH/FP counselling services. IEC campaigns would be targeted to specific audiences, especially youth and women of reproductive age.

Maternal and child health and family planning

27. Efforts are already being supported to help establish an MCH/FP Section within the Division of Family and Community Health. However, it is clear that more needs to be done in this area in order to increase both the coverage of and access to quality maternal care and family planning services. UNFPA would seek to ensure that approximately 70 per cent of the facilities in the northern region and 90 per cent of those in the southern region provide acceptable maternal care and family planning services during the next five years. UNFPA assistance will contribute to the Government's efforts to focus on strengthening preventive services as opposed to the curative focus of the past and to make voluntary family planning services more widely available.

28. Major activities during this period would include training of service providers, including traditional birth attendants (TBAs); training of managers and supervisors; and renovation/expansion and refurbishment of selected health facilities. Other needs include provision of essential MCH/FP equipment and supplies; development and production of training materials in conjunction with the ongoing IEC effort in the Ministry of Information and Broadcasting as well as provision of logistic support, especially to transport and

communication facilities to outlying areas. In view of the sparse distribution of the population and the large distances between communities and health facilities, the Ministry will continue to rely on outreach services as a means of increasing access to PHC services. District hospitals, health centres and clinics will be strengthened to enable them to provide the requisite back-up support. In addition, technical assistance will be required at national and regional levels during this critical period while institutional capacity is being built and/or strengthened. A further aim will be to collaborate with the Division of Epidemiology in improving MCH/FP data collection and utilization. Staff are already involved in preparing the Demographic and Health Survey scheduled for 1992 with the assistance of the Japanese Government and the World Bank. The preliminary results of this survey, expected at the end of September 1992, will be utilized in setting targets for the MCH/FP programme. In close cooperation with the UNDP-funded training project and the UNICEF and WHO programmes in the health sector, UNFPA's assistance is expected to contribute to an overall improvement in the standard of services, an upgrading of health service providers, greater awareness of the availability of preventive services and improved access to general AIDS information, all leading to an eventual reduction in mortality and fertility rates and to an increase in the number of facilities offering such services on a regular basis. More specific targets will be established as and when data become available. UNFPA proposes to provide $1.5 million to this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

29. UNFPA proposes to develop a variety of channels to ensure widespread dissemination of population messages to the general public. UNFPA would: (a) assist the Ministry of Information and Broadcasting and the Namibia Broadcasting Corporation in building the capacity to plan, coordinate and implement intersectoral communication strategies, and to respond to the needs of government departments and NGOs in producing appropriate material; and (b) help to ensure that this system is effective in creating awareness and enhancing understanding of development plans and population issues among the various segments of the Namibian public. During the programme period, activities would be geared towards the general population, especially youth and women of reproductive age. The objective would be to reach those groups and decision makers using radio and the print media, as well as by utilizing extension workers and interpersonal communication. Such efforts would be expected to empower the general population to make responsible decisions regarding their families, make better use of resources and address environmental concerns. In addition, a section would be made operational within the Information Ministry, complete with a cadre of trained staff, that would be capable of maintaining a steady flow of IEC materials. UNFPA proposes to provide $900,000 to this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

30. The scarcity of reliable data poses a serious limitation on the Government's ability to implement its development plans. While both UNFPA and UNDP are helping the Government in this sector, additional assistance should be made available to enable the Government to consolidate achievements to date by instituting a training programme to increase the number and quality of the staff of the Central Statistical Office. This would enhance the Office's capacity to analyse and disaggregate data for macro- and micro-level planning purposes, and to disseminate the results. It would also enable the Office to conduct the necessary cartographic work in preparation for the next census and would ensure the availability of a reasonable sample frame for intercensal surveys. The census report will provide valuable information for the formulation of a National Shelter Strategy and the preparatory phase of the National Physical Development Plan (NPDP) for Namibia, both of which are being supported by UNDP.

31. As part of the post-census activities, UNFPA proposes to collaborate with the NPDP in the preparation of thematic maps and the spatial analysis of the 1991 population census. NPDP will concentrate on: (a) analyses of existing human settlements and environmental factors including prevailing socio-economic conditions, land-use structure, the effects of population on economic activities and productive activities (in relation to the environment and natural resources), hierarchy of settlements, distribution of population in relation to the geographical distribution of infrastructure and services, etc; and (b) an analysis of the spatial implications of the National Development Plan. UNFPA proposes to provide $1 million for activities in this sector, of which $700,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

32. UNFPA would provide support to set up a Population Unit within the National Planning Commission to coordinate and integrate population variables into the planning process from the outset as well as to facilitate understanding of their implications for development. Such a Unit would also ultimately take charge of coordinating population assistance and monitoring population programme results. UNFPA assistance should be utilized at all levels, including drawing upon other global and regional programmes, to train nationals in population studies and demography, as well as to provide technical assistance and library materials. UNFPA proposes to provide $500,000 for activities in this sector.

Women, population and development

33. UNFPA's support in this area would supplement the Government's efforts to improve the status of women in the context of population and development actions. Recently, a non-partisan Namibia National Women's Organization has been formed to support and enhance adherence to the constitutional provisions that ensure equality of and non-discrimination against women in all facets of life. UNFPA proposes to support efforts by the Department of Women's Affairs in the Office of the President to formulate a comprehensive strategy designed to increase the effective participation of women in the development process in general, and in the population programme in particular. UNFPA would further support gender sensitization using a programme approach within the context of the Transitional National Development Plan, while taking into account the work of NGOs and other organizations. In this respect, UNFPA should concentrate on the generation of data for use in awareness creation, while establishing strategic planning, programme development, coordination and monitoring capabilities within the Department of Women's Affairs. Such an approach would help coordinate the work of UNIFEM and other agencies already supporting women-in-development activities. UNFPA proposes to provide $500,000 for activities in this sector.

Programme reserve

34. UNFPA proposes to establish a programme reserve of $100,000 to address as yet undetermined needs within the context of the proposed interim programme.

Programme coordination

35. At the Government's request, the UNFPA Office will provide strong support for coordination until such time as the Government's requisite mechanism and personnel are in place. Namibia is one of the countries in which the Joint Consultative Group on Policy attempts to focus donor coordination on efforts to alleviate poverty. In this respect, UNFPA will seek to strengthen the links between its programme and those of such United Nations agencies as UNDP, UNICEF, UNIFEM, WFP, the Food and Agriculture Organization

(FAO) and WHO. Such complementary and joint activities would include UNICEF's work on children and women, WFP's school feeding programmes, WHO's AIDS awareness activities and provision of population education training materials to complement the work of UNDP in human development initiatives and environmental programmes. The proposed programme is synchronized with the programming cycles of UNDP and UNICEF.

Programme monitoring, evaluation and management

36. All UNFPA projects would contain, as far as possible, clearly articulated and measurable objectives and would be monitored and evaluated according to UNFPA's standard guidelines. Given the absence of baseline data, situation analysis reports undertaken by both UNDP and UNICEF, in addition to those of UNFPA, will be utilized for measuring progress. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. United Nations Volunteers would be utilized in the absence of local skilled human resources at the programme implementation stage. At the field level, the programme would be managed by the UNFPA Country Director under the overall supervision of the UNFPA Representative, who is also the Resident Representative of UNDP.

Financial summary

37. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $4.5 million over the five-year period 1992-1996, of which $3 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA's regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,000,000	500,000	1,500,000
Information, education and communication	600,000	300,000	900,000
Data collection and analysis	300,000	700,000	1,000,000
Population policy formulation	500,000	--	500,000
Women, population and development	500,000	--	500,000
Programme reserve	100,000	--	100,000
TOTAL	3,000,000	1,500,000	4,500,000

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V. RECOMMENDATION

38. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Namibia in the amount of $4.5 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1.5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Namibia and with the executing agencies.